

**Diocese of Wichita and Mid America
Parish Life Conference Children's Program Registration
June 15-18, 2011**

Directions: Complete one registration form for each child age 4-12 who will participate in children's programs.

Child's Name _____ **Date of Birth** _____

Grade in School 2011-2012 _____ **Tee Shirt size: Children's** ___XS___S___M___L___XL
Adult: ___S___M___L___XL___1X___2X___3X___4X___5X___6X

Parent's Name(s) _____

Address _____ **City** _____ **State** _____

Home Parish _____

Does your child have any special learning, health, behavior or communication needs that his/her program leaders should be aware of? _____

Our program of children's activities is not physically strenuous or dangerous, but the children will be participating in art projects, games and a field trip to the Sci-port Museum. We will have a low adult/student ratio to provide supervision. **However, any activity involves the risk of injury.**

In the event that an accident or illness should occur, we will contact you as soon as we can reasonably do so. If it is not reasonably possible to contact you before medical intervention is deemed advisable, we require that you appoint our staff to act as your agent. This appointment in no way implies that St. Nicholas Orthodox Christian Church is financially responsible for the treatment of your child.

PARENTS' APPOINTMENT OF AGENT AND INDEMNIFICATION AGREEMENT

_____ and _____ hereby authorize St. Nicholas Orthodox Christian Church Children's Program staff (any one of them) to obtain and authorize, as our/my agent, the services of a licensed physician and any other health care professional or health care organization for the emergency treatment of _____, our minor child, in connection with any injury, accident, or illness suffered or sustained during the period June 15, 2011 through June 18, 2011.

This authorization and consent for emergency treatment includes authority to consent to prescription medication, hospitalization, and surgical care.

INFORMATION FOR EMERGENCY ROOM:

CHILD'S PHYSICIAN: _____

CHILD'S MEDICAL INSURANCE: _____

DRUG/FOOD ALLERGIES: _____

LAST TETANUS TOXOID: _____

